Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$100 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$100 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL R	EPORT OF:		
1612	Safetrans Inc.		
*WMATC No.	*Name of Carrler (as shown on certifi	cate of authority)	
1334 9th Street,	N.W.,#3, Washington, DC 2000	1	
*Street Address of	Principal Place of Business		
2357 Jones Lan	e, Silver Spring, MD 20902-1883		
Mailing Address (if	different from street address)		service @ safetransdc. com
(248) 730-0064	202-704-0069	240-485-0920	safetransb@gmail.com
*Telephone Numbe	r Other Telephone	Fax Number	E-mall
2. CARRIER O	CONTACT PERSON (at mailing a	iddress to whom we sho	uld direct inquiries):
Mr. Berhane Me	wa Tadege	CEO	

3. REGISTERED AGENT <u>INSIDE</u> THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS *(Complete ONLY if Street Address in item 1 is OUTSIDE Metropolitan District):

202-704-0069

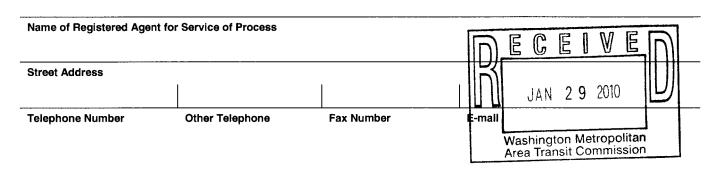
Other Telephone

*Title

Fax Number

240 - 485 - 0920 breemewa@gmail.com

E-mail



(continued on next page)

*Name

(248) 730-0064 *Telephone Number

the carrier certifies that no such changes have occurred. No Change *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed ve list and return it with this form; or (3) attach your own vehicle list. Include all required information Fleet No. *Model *Make *Vehicle VIN *License Plate *State *S	*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicl list and return it with this form; or (3) attach your own vehicle list. Include all required information. Fleet No. *Model *Make *Vehicle VIN (17 digits) *License Plate Registered Capac	*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehic list and return it with this form; or (3) attach your own vehicle list. Include all required information. Fleet No. *Model Year *Make *Vehicle VIN (17 digits) *License Plate Registered Capacity (17 digits) *License Plate Registered Capacity (18 digits) *Make Capacity (19 digits) *License Plate Registered Capacity (19 digits) *Make Capacity (19 digits) *License Plate Registered Capacity (19 digits) *Lice	contro	l, or form o	of organization t	ger, consolidation or other char hat occurred after the previous	year's annual repo	rt was filed,	or if
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6. *CERTIFICATION:	. *CERTIFICATION:								
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WMATC No: 1612 Washington Metropolitan Area Transit Commission

2010 Annual Report: Revenue Vehicle List

Name:

Safetrans Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

 \Box Check this box if all information on this list is complete and accurate.

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